

Predoctoral Internship in Clinical Psychology



***VA Central Western
Massachusetts
Healthcare System***



421 North Main Street

Leeds, MA 01053

(800)893-1522

<http://www.centralwesternmass.va.gov/>

General Mental Health Internship Match Number (pg. 6): 133511

Worcester Inter-professional Program Match Number (pg. 20): 133512

Applications due: November 1, 2015

Accreditation Status

The predoctoral internship at the **VA Central Western Massachusetts Healthcare System (VACWM)** is accredited by the Commission on Accreditation of the American Psychological Association (APA Office of Program Consultation and Accreditation, 750 First Street, NE, Washington, DC 20002-4242; (202) 336-5979, (202) 336-6123 TDD/TTY (202) 336-6123).

Application & Selection Procedures

To qualify for an internship at our VA Medical Center, the applicant must meet the following criteria:

- 1) Graduate student in an APA-accredited or provisionally-accredited Clinical or Counseling Psychology program
- 2) United States citizen
- 3) Successful completion of a minimum of 600 hours of a practicum experience
- 4) Completion of all graduate prerequisites for internship candidacy, including passing of comprehensive exams
- 5) In accordance with the Association of Professional Psychology Internship Centers (APPIC) guidelines, applicants must:
 - Possess interests and goals appropriate to our internship program
 - Show an ability to apply assessment/diagnosis and intervention/treatment knowledge under supervision
 - Demonstrate ethical conduct and interpersonal skills appropriate to the practice of professional psychology

Application Procedures

- Note: Our VA Medical Center has **six** internship positions available. Five of the positions are in General Mental Health and one is an Interprofessional Experience at the Worcester Community Based Outpatient Clinic. These two tracks have separate match numbers: 133511, 133512.
- If you wish to apply for one of these positions, please submit a complete APPIC Universal Internship Application at www.appic.org by November 1, 2015. This should include:
 - The APPIC Universal Internship Application
 - Current Curriculum Vita
 - Official Transcripts of all graduate work
 - Three letters of recommendation from faculty or training supervisors

Personal interviews are offered to those applicants still being considered after the review of their application and supporting materials. Phone interviews generally are not substituted for a personal visit. Invitations to interview will be made by December 1, and on-site visits will be scheduled over a 2-week period sometime between the middle of December and the end of January. Applicants will be contacted by a Director of Training regarding the specific dates available.

The VACWM training program abides by APPIC and APA guidelines in the selection of interns. As required under APPIC policies, offers to interns may not be made before selection day. Further, the VA Medical Center is an Equal Opportunity Employer. The selection of interns is made without discrimination on the basis of race, color, religion, sex, national origin, politics, marital status, physical handicap, or age.

After the applicant has officially accepted an offer, the applicant will be asked to submit a Declaration of Federal Employment (OF 306) and an Application for Federal Employment (OF 612), both of which are required for federal government employment.

Please feel free to contact the Co-Directors of Training, Christina Hatgis, PhD and/or Brad Brummett, PhD at (800) 893-1522, or by email at Christina.Hatgis@va.gov and/or Bradley.Brummett@va.gov, with any questions you might have.

Stipend and Benefits

The current stipend is \$26,208 per year. Health insurance is an available benefit as a Federal employee. State and federal income tax and FICA (Social Security) are withheld from interns' checks. Interns are not covered by Civil Service retirement or leave and are not eligible for federal life insurance benefits. The United States Government covers interns for malpractice under the Federal Tort Claims Act.

Psychology at VACWM

The Predoctoral Internship in Clinical Psychology program at VACWM is designed to advance the clinical training of future psychologists at the predoctoral level of their development. The training is

designed to be the most intensive training experience in the development of a psychologist's career. The training is designed to be generalist, broad-based within a medical center setting. This training program offers inpatient and outpatient settings, utilizes brief treatment and long-term treatment models, and allows for a variety of theoretical and application models. The program emphasizes the clinical practices of assessment and treatment with a variety of approaches within a variety of traditional and non-traditional settings. Interns are provided with extensive supervision so as to maximize their learning in each of the settings and modalities in which they train.

The Predoctoral Internship in Clinical Psychology program at VACWM is within the Mental Health Service Line. The program is operated by the Psychology Training Committee and is composed of the doctoral psychology staff of the Mental Health and Primary Care Service Lines. The Training Committee is composed of approximately 20 psychologists who work in a variety of settings within VACWM. The program has enjoyed APA approval since 1979, and it has successfully passed its accreditation site visits throughout the course of its existence. The VA Central Western Massachusetts Healthcare System is fully accredited by The Joint Commission and is affiliated with the University of Massachusetts Medical School.

Within VACWM, psychologists are an integral part of the Mental Health and Primary Care Service Lines. Psychologists provide patient care, consultation, and teaching within the hospital. Primary rotations occur in the following settings: outpatient Mental Health Clinic (MHC), Inpatient Psychiatric Units, Substance Use Disorders (SUD) Clinic, Specialized Inpatient Posttraumatic Stress Disorder Unit (SIPU), Health Promotion and Disease Prevention (HPDP), Primary Care-Mental Health Integration (PC-MHI), Behavioral Health Interdisciplinary Program (BHIP) at the Springfield Outpatient Clinic, and the Worcester Inter-professional Team (WIT) placement at the Worcester Outpatient Clinic. In addition, psychologists participate in the Employee Assistance Program, the Women's Advisory Committee, the Smoking Cessation program, the Ethics Committee, the Quality Assurance Committee, Military Sexual Trauma program, Sex Offenders program, and the Mental Health Council. The psychologists at VACWM have varied educational backgrounds and theoretical perspectives, allowing for a range of styles for role modeling and professional development. They are involved in a variety of professional activities outside the VA Medical Center including consultation, private practice, teaching, and authorship.

Setting

VACWM provides psychiatric and medical care to a Veteran population of more than 100,000 men and women in Western and Central Massachusetts. Those Veterans served by the medical center are predominantly male; however, the number of female Veterans seeking services increases every year. The Northampton Campus Medical Center presently operates 46 psychiatric beds, 16 off-campus Compensated Work Therapy Transitional Residence Domiciliary beds, and a 66-bed nursing home care unit. Outpatient treatment is provided through the Primary Care Service, the Mental Health Clinic, the Springfield Community Based Outpatient Clinic, the Pittsfield Community Based Outpatient Clinic, the Greenfield Community Based Outpatient Clinic, the Fitchburg Community Based Outpatient Clinic, and the Worcester Community Based Outpatient Clinic. A comprehensive range of psychiatric treatment modalities includes, but is not limited to, individual, group, and family therapies, comprehensive assessment procedures, preventive health and educational programs, rehabilitative medicine services and vocational rehabilitation programs. There are also specialized

programs in neuropsychological assessment, long-term care psychiatry, geriatric evaluation, and the treatment of substance use disorders and posttraumatic stress disorder.

The Northampton VA Medical Center was renamed in 2011 to VA Central Western Massachusetts Healthcare System following a realignment in which we acquired two Community Based Outpatient Clinics that were once a part of the VA Boston Healthcare System and the VA Bedford Healthcare System.

Training Model and Program Philosophy

The central goal of the Predoctoral Internship in Clinical Psychology program at VACWM is to provide a quality training experience designed to prepare predoctoral psychology interns for entry-level psychology positions or postdoctoral training. The training program seeks to help interns broaden, deepen, and integrate their current knowledge base with applied clinical experience. The internship prepares students to function as generalists within a medical center setting and it provides opportunities to develop skills in specialty areas such as the treatment of posttraumatic stress disorder, substance use issues, affective disorders, and the psychological sequelae of medical conditions, to name a few. It emphasizes the clinical practices of assessment, treatment, and consultation, and it provides training and experience with a variety of therapeutic approaches across a range of clinical settings. Interns are provided extensive supervision so as to maximize their learning in each of the settings and modalities in which they train. The training program aims to assist predoctoral psychology interns in the process of forming professional identities as clinical psychologists, and it emphasizes professional development as a valued direction towards which all psychologists should continue to aspire.

The Psychology Training Program is committed to a practitioner-scholar model of internship training. We believe in the development of psychologists who have sufficient depth and breadth of knowledge and skills to provide empirically-supported treatments to diverse patient populations in interdisciplinary settings. We believe in the provision of patient-centered care that maximizes individual strengths, promotes human dignity, and values individual differences. We are committed to fostering a supportive, inquisitive, and open learning environment that places a premium on professional growth and scholarly development. We strive to model openly our own willingness to learn and to grow as psychologists as we examine and revise continually the services we provide to ensure that they remain current, relevant, and scientifically sound. We endeavor to create a training environment where the intern can develop the competencies and knowledge base needed to eventually practice professional psychology at the independent level, feel supported in the development of her/his sense of identity as a professional psychologist, and feel challenged and inspired to continue to question, learn, and grow throughout her/his professional career.

All training experiences follow a logical progression. The interns' overall knowledge base and theoretical sophistication are increased through didactic input in ongoing individual and group supervision, clinically-oriented seminars, and various lectures offered through the Continuing Medical Education Program of the Education Department. Caseloads build gradually over the course of the year, with interns taking on more responsibility as the year progresses. Within several of the rotations, interns begin by co-facilitating groups with the supervisor. They are expected to be able to lead groups independently by the end of the rotation. Similarly, interns may first learn to administer

unfamiliar assessment instruments via practice-administrations with their supervisor. As they gain competency with test administration and interpretation, they are presented with opportunities to continue to progress to a "monitoring" level of practice (e.g., they begin to administer tests to their clients and interpret them on their own, prior to supervision). Interns also take on more responsibility in the didactic component as the year progresses, leading case conferences and conducting a didactic seminar.

As each rotation comes to a conclusion, the interns work with the Directors of Training, and with their individual supervisors, to review how their skills have developed. They also address how they might improve upon their relative weaknesses. These discussions are on-going, with formal evaluations taking place at the mid- and end-point of each of the rotations.

Program Goals & Objectives

The training program emphasizes the active involvement of the intern in determining training assignments, participating in training seminars and workshops, and providing feedback and creative input to the internship program. We expect the intern to attain the following broad training goals over the course of the internship year:

1. Develop a sense of professional responsibility and an identity as an ethical psychologist who is a consumer of research, a critical thinker, and a practitioner of empirically-sound treatment.
2. Develop the ability to integrate empirically-supported interventions with theoretically-sound approaches to the treatment of diverse patient populations.
3. Demonstrate proficiency in psychological assessment and diagnosis.
4. Develop the ability to effectively evaluate programs/treatments; consult with interdisciplinary treatment teams, other health care providers, patients, and other interested parties; and provide clinical supervision.

Program Structure

In line with our commitment to foster a supportive, inquisitive, and open learning environment, our training program actively involves interns in decision-making processes about their education and training. Throughout the training year, interns collaborate with the Directors of Training and the Training Committee to discuss their training interests and development. These discussions include assessments of the intern's strengths and areas which may benefit from further development. Rotation selections are derived from this collaborative process. At the beginning of the internship year, interns complete a self-assessment that is reviewed by the Directors of Training. This self-assessment is designed to help the intern identify and clarify broad goals for the upcoming internship year. At the beginning of each training experience, the supervisor and intern work collaboratively to develop a training contract.

GENERAL MENTAL HEALTH INTERNSHIP

MATCH NUMBER: 133511

Rotations

The Predoctoral Internship Training Program has a long history of providing multiple training rotations, settings, and modalities during the course of the training year. The exception to this model is the intern located in our Worcester Community-based Outpatient Clinic. This individual works as a part of the Worcester Inter-professional Team for the entire twelve months of the internship and travels to the Northampton campus once per week to attend training activities with the other interns. Further details about the Interdisciplinary Team Internship position at our Worcester CBOC are available in a separate section of this document. The following information on rotations pertains to our General Mental Health Internship at our Northampton Campus.

During our orientation, interns are able to meet with the rotation supervisors and learn about available rotations. They consult with the Training Directors and submit preferences for the four-month rotations they would like. Each rotation involves 28 hours per week over the course of four months. There are currently seven options for Major Rotations: **Outpatient Mental Health Clinic (MHC), Inpatient Psychiatric Units, Substance Use Disorders (SUD) Clinic, Specialized Inpatient Posttraumatic Stress Disorder Unit (SIPU), Health Promotion and Disease Prevention (HPDP), Primary Care-Mental Health Integration (PC-MHI), Behavioral Health Interdisciplinary Program (BHIP) at the Springfield Outpatient Clinic, and the Worcester Inter-professional Team (WIT) placement at the Worcester Outpatient Clinic.** It should be noted that VACWM has more rotations than intern positions; hence, interns have a choice in selecting training experiences that promote the development of necessary clinical skills. Rotations are designed to provide interns with training and practical experience in three broad areas essential to a clinical psychologist: assessment/ diagnosis, psychotherapy (including empirically-supported approaches to treatment), and consultation. Consultation typically involves discussion of particular cases and clinical problems, and also frequently involves program development, with a particular emphasis on the incorporation of evidence-based approaches to treatment. For all intern training and educational activities, standardized evaluations occur at regular intervals: mid-rotation and end-of-rotation for Major Rotations; and every 4 months for Ancillary Rotations and any other year-long training experience. The rotations that are offered currently and the training they provide in the three aforementioned areas are listed below:

BEHAVIORAL HEALTH INTERDISCIPLINARY PROGRAM (BHIP)

Interns on this outpatient health psychology rotation work closely with Heather Frechette, PsyD; Eileen Tam, PsyD; Jill Swartwout, PsyD; and Jeffrey McCarthy, PsyD, at the Springfield Community-Based Outpatient Clinic (CBOC) as part of the Behavioral Health Interdisciplinary Program (BHIP) Team. A goal of this rotation is to promote coordination of psychiatric and medical care, especially for those patients with multiple co-morbidities. Interns will develop skills in the assessment and treatment of patients with co-morbid medical and psychological conditions. They will complete intake assessments and cognitive screenings. They will also provide time-limited individual psychotherapy, including supportive counseling, psychoeducation, and cognitive-behavioral therapy.

Interns will have an opportunity to work in some fashion with the PC-MHI (Primary Care-Mental Health Integration) Psychologist, assisting Primary Care staff with early identification and intervention of maladaptive health behaviors and mental health difficulties. Lastly, interns will facilitate various behavioral medicine groups (see below).

Assessment

Interns will routinely complete brief mental health intake assessments and/or psychological examinations to aid the BHIP team in identifying treatment needs. There may be opportunities for more extensive psychological assessment using standard measures, such as the MMPI or MCMI, to aid in differential diagnosis. Interns will also have the opportunity to conduct cognitive screenings to help develop more firm consultation referrals for neuropsychological testing.

Psychotherapy

Interns will maintain a caseload of individual patients, primarily but not solely referred by Primary Care, who have various co-morbid medical and psychological conditions. Interns will also facilitate behavioral medicine groups, including:

MOVE: The MOVE Weight Management Program was designed by the VHA National Center for Health and Disease Prevention to help veterans lose weight, keep it off, and improve their health. Intern will co-facilitate this group with our local Health Behavior Coordinator/Primary Care Psychologist and a Registered Dietician.

Cognitive Behavioral Therapy for Chronic Pain (CBT-CP): CBT-CP is an evidence-based, time-limited psychological intervention that teaches veterans how to better manage chronic pain and improve quality of life. CBT-CP encourages veterans to adopt an active, problem-solving approach to cope with the many challenges associated with chronic pain. Intern will co-facilitate this group with a trained CBT-CP clinician.

Cognitive Behavioral Therapy for Insomnia (CBI-I): CBT for Insomnia includes a structured group therapy format in which Veterans are introduced to behavioral and cognitive strategies to address problems with their sleep. It has been shown to be effective across many patient populations, including Veterans with comorbid chronic pain conditions, cancer, TBI, depression, and PTSD. Interns will co-facilitate this group with a Psychologist trained in CBT-I.

Tobacco Cessation: The Springfield Clinic provides a 3-week course on Tobacco Cessation, along with an ongoing support group. Topics covered include education and goal setting, coping skills and urge surfing, and relapse and recovery. Intern will co-facilitate this program with the Primary Care Psychologist.

Integrative Restoration (iRest): iRest is an 8-week evidence-based mindfulness meditation practice developed by Psychologist Richard Miller in conjunction with Walter Reed Medical Hospital. During iRest, veterans learn to observe and welcome various aspects of their existence, starting with the physical body, the breath, feelings, emotions, beliefs and joy. This practice has been found to be effective in addressing symptoms of anxiety, depression, insomnia, anger, and PTSD among other issues. Interested interns will co-facilitate this group with a BHIP Team Social Worker.

Consultation

Interns will routinely consult with members of the BHIP Team, including during daily team clinical huddles. They will also consult with Primary Care Providers as needed regarding veterans on their individual or group caseload, providing input on the psychological sequelae of medical conditions.

HEALTH PROMOTION AND DISEASE PREVENTION (HPDP)

Interns on this Northampton/Leeds campus rotation are supervised by Jennifer Brown, PhD and Mark Schneider, PhD and receive consultation from Katherine Putnam, PhD. This clinical experience offers interns the opportunity to work within multidisciplinary teams in the treatment of co-morbid medical and psychological conditions. The specific focus of this rotation relates to the following cornerstone Population Health concerns: Pain Management, Weight Management, Diabetes, and Tobacco Cessation. Interns will be trained to conduct biopsychosocial assessments, provide time-limited individual psychotherapy, co-facilitate and facilitate behavioral medicine groups, and provide consultative services to various disciplines and health coaching for Primary Care staff.

Assessment

Chronic Pain: Interns will participate in Pain Clinic simultaneous interviews with a physician, clinical pharmacist, physical therapist, social worker, and psychologist. Interns will have the opportunity to learn how to conduct such multidisciplinary patient interviews with the expectation that they will take a leadership role toward the latter part of the rotation. Interns will also engage in ongoing therapy outcome assessment using a number of pain-specific and other questionnaire measures.

Weight Management: Interns may have the opportunity to observe and possibly take a leadership role on psychological evaluations for bariatric surgery.

Psychotherapy

Chronic Pain: Interns will have an opportunity to learn and utilize the Cognitive-Behavioral Therapy for Chronic Pain (CBT-CP) protocol, an evidence-based psychotherapy for the treatment of chronic pain. Interns will have the requirement to co-facilitate the CBT-CP group with Dr. Brown or conduct individual psychotherapy using the CBT-CP treatment protocol. Interns may also facilitate or co-facilitate classes in Pain School, a multidisciplinary program emphasizing education and self-management techniques for chronic pain. Other activities include making follow-up telephone calls to review Pain Clinic recommendations and motivate Veterans to follow through on these recommendations.

Weight Management: Interns will participate in the MOVE Weight Management Program to treat Veterans who are overweight or obese. The MOVE Weight Management Program was designed by the VHA National Center for Health Promotion and Disease Prevention to help Veterans lose weight, keep it off, and improve their overall health by positively impacting other related medical conditions. Interns will help Veterans make healthier lifestyle changes by co-facilitating weight management classes and on-going support groups with behavioral health and nutrition staff, and conducting individual psychotherapy with Veterans referred for health coaching.

Diabetes: Interns will co-facilitate the 12-week Group Medical Appointment designed to help Veterans make successful and permanent lifestyle changes to benefit their health. Specifically, interns

will utilize Motivational Interviewing individually and in groups to help Veterans lose weight (where appropriate) and lower their Hemoglobin A1C, thereby reducing diabetes-related complications.

Tobacco Cessation: Interns will have the opportunity to provide Motivational Interviewing via telephone sessions to Veterans referred for tobacco cessation services. Interns will also be expected to co-facilitate structured outpatient group as well as facilitate a drop-in outpatient group as well as provide individual counseling to Veterans at various stages of change with regard to tobacco cessation.

Consultation

Chronic Pain: Interns will provide consultation to Pain Clinic and Mental Health colleagues regarding chronic pain and be involved in writing consult reports for the Pain Clinic.

Weight Management: Interns will assist with programmatic data collection and share findings with the multidisciplinary MOVE staff in order to facilitate future program improvements.

Diabetes: Interns will have the opportunity to work closely with the multidisciplinary Diabetes Management team from the fields of Endocrinology, Nursing, Pharmacy, Mental Health, Primary Care, and Nutrition. Interns will attend team meetings and huddles when the schedule permits. There may also be opportunities to offer health coaching to staff in other disciplines to improve their motivation-enhancing skills.

Tobacco Cessation: Interns will assist in advancing tobacco cessation initiatives within the VA by providing psychoeducation and consultative services to colleagues.

INPATIENT PSYCHIATRY (IP)

The intern on this Northampton/Leeds campus rotation works closely with Dr. Mattison to provide psychological services to Veterans in the Acute Inpatient Psychiatric ward. The ward offers acute psychiatric stabilization and, when needed, detoxification from substances for Veterans. The focus is on patient-centered care and recovery from mental illness in all treatment. The patient population consists of primarily male Veterans, although we are treating increasing numbers of female Veterans, who are experiencing a broad range of psychotic, mood, anxiety, substance-related, and adjustment disorders. Many Veterans have Posttraumatic Stress Disorder and many are dually-diagnosed. Intern responsibilities include formal suicide/homicide risk assessment, safety plan development, diagnostic assessment and evaluation, treatment planning, individual psychotherapy, co-leading Seeking Safety groups, development and/or leading group(s) of intern's choice, daily treatment rounds, consulting activities, and occasionally, development of behavioral plans.

An intern selecting this rotation likely will participate in the following training experiences:

Assessment

The intern may be assigned some newly-admitted Veterans for evaluation and assessment. These assignments will emphasize the development of the intern's ability to formulate diagnostic impressions based on clinical interviewing and testing, and to formulate realistic treatment plans. Neuropsychological screening and diagnostic clarification are common assessment referrals on this rotation. The intern will interact with the referral source, complete the assessment and integrated

report, and provide feedback to both the Veteran and the treatment team. Assessment instruments used may include the Minnesota Multiphasic Personality Inventory-2 (MMPI-2); Cognistat; Personality Inventory Assessment (PAI), Repeatable Battery for the Assessment of Neuropsychological Status (R-BANS); Dementia Rating Scale-2 (DRS-2), Trailmaking A & B; Yesavage Geriatric Depression Scale (GDS); the Clinician-Administered PTSD Scale (CAPS) and the Wechsler Memory Scale-III (WMS-III) .

Psychotherapy

Normally, the intern will work intensively in individual psychotherapy with one to two Veterans at all times during the rotation. Individual therapy is conceptualized primarily using behavioral, cognitive-behavioral, or DBT approaches. The intern will participate as a co-leader in a daily Seeking Safety group and will develop and implement at least one weekly group (with some flexibility on the topic and format). Depending upon intern interest and time, s/he may also co-lead skills-based and psycho-educational groups, e.g., Coping Skills, Wellness Recovery, or Progressive Muscle Relaxation groups with Dr. Mattison or nursing staff. Opportunities also exist for the intern to participate in therapy/meetings with families and significant others.

Consultation

The intern will participate in the interdisciplinary daily rounds and interact regularly throughout each day with colleagues in the fields of Psychiatry, Nursing, Social work, and Primary Care. Rounds focus on treatment planning, evaluation, and behavioral planning for our Veterans. Rounds also provide the opportunity for the intern to provide assessment results to the treatment team. Essentially, there are a wide range of training opportunities on this rotation and Dr. Mattison will work with the intern to customize the experience to focus on what the intern needs at this point in his/her training.

MENTAL HEALTH CLINIC (MHC):

The intern on this Northampton/Leeds campus rotation works closely with Drs. Delamater and Putnam to provide psychological services to Veterans in the outpatient Mental Health Clinic (MHC). The MHC serves Veterans with a broad range of problems. Treatment modalities include individual and group psychotherapy, couples therapy, case management, pharmacotherapy, psycho-educational groups and consultation with other programs and staff. Currently, the MHC staff is comprised of psychologists, social workers, a Nurse Practitioner, psychiatrists, clinical pharmacists, and a Registered Nurse. Throughout the year, psychology interns, physician's assistant interns, nursing students, pharmacy students and social work interns may train in the MHC.

The MHC staff provides comprehensive evaluation and treatment for the full range of psychological diagnoses seen in adults. Both acute and chronic psychiatric patients are treated. Treatment duration may be limited to brief crisis intervention or may be longer-term. Clinical staff members provide treatment within cognitive-behavioral, interpersonal, psychodynamic, systemic and biological perspectives. Psychology interns are encouraged, and sometimes required, to audio-record their therapy sessions. Supervision will be provided from various theoretical and practical frameworks, including cognitive-behavioral, psychodynamic and interpersonal. Supervision will be available for insight-oriented, integrative therapy as well as “evidence-based psychotherapies” (EBPs) that may include cognitive-behavioral therapy (CBT) for mood and anxiety disorders, acceptance and commitment therapy for depression (ACT), and interpersonal therapy (IPT) for depression. Interns

will receive two hours of formal supervision per week, and additional informal supervision as warranted.

Assessment

Interns will develop their skills at conducting comprehensive clinical diagnostic interviews. These biopsychosocial evaluations will lead to meaningful DSM-5 based differential diagnoses and treatment planning. Interns may administer and interpret selected objective personality tests for some referred patients. Throughout the course of the rotation, interns will conduct ongoing assessment and evaluation of treatment outcomes for patients whom they are treating. Additionally, PTSD assessment is offered on this rotation.

Psychotherapy

Interns will carry an outpatient caseload of approximately 10 individual psychotherapy cases, and possibly a couple. Treatment sessions typically are scheduled for 50 minutes on a weekly basis. Interns will also be expected to participate in group psychotherapy as a co-therapist. Possible group placements include PTSD Skills Group, Coping Skills Group (i.e. DBT Skills Group), and interpersonal process groups. The choice of cases and treatment emphasis will be guided by the psychology intern's training needs.

Consultation

Interns will participate in weekly multidisciplinary MHC staff meetings during which cases are presented and individualized treatment planning may be conducted. The interns will have many opportunities to consult with members of the multidisciplinary staff as well as students rotating through the MHC regarding psychological symptoms, diagnostic assessment and treatment issues/concerns.

PRIMARY CARE-MENTAL HEALTH INTEGRATION (PC-MHI)

Primary Care Mental Health Integration (PC-MHI) at the Northampton/Leeds campus is co-located within Primary Care, where approximately 4,800 Veterans per year are seen by five Primary Care teams, called "Patient-Aligned Care Teams" or "PACT." This relatively new VA initiative supports VHA's Universal Health Care Services Plan to redesign VHA healthcare delivery through increasing access, coordination, communication, and continuity of care. PACT provides accessible, coordinated, comprehensive, patient-centered care, and is managed by primary care providers with the active involvement of other clinical and non-clinical staff. PACT encourages patients to have a more active role in their health care and is associated with increased quality improvement, patient satisfaction, and a decrease in hospital costs due to fewer hospital visits and readmission (from <http://www.va.gov/primarycare/pcmh/>)

PC-MHI is currently staffed by a licensed Psychologist, a licensed Clinical Nurse Specialist, and a PC-MHI Care Manager (licensed RN). Goals of the PC-MHI team are to increase patient accessibility to mental health care, and assist Primary Care staff with early identification and intervention of maladaptive health behaviors and mental health difficulties.

Interns in PC-MHI Leeds will be expected to learn the role of a PC-MHI psychologist. Foci of this rotation are individual assessment and treatment and the facility's pain management program

(consisting of the multi-disciplinary Pain Clinic and Pain School). Additional opportunities include periodic committee meetings, including the Health Promotion Disease Prevention Committee.

Psychotherapy

Veterans who are not suffering acute mental health symptoms may be treated by PC-MHI staff with brief treatment until stabilization, and if medications are involved, may then be transitioned back to Primary Care staff for ongoing medication management.

Veterans requiring specialized mental health treatment, such as evidence-based treatment for PTSD or intensive substance abuse treatment, are referred to outpatient specialists providing such. Motivational interviewing may be employed to help increase Veterans' motivation to start such treatment.

Primary Care is one point through which OEF/OIF/OND Veterans access healthcare first. Many of these Veterans are willing to be referred (via "warm hand-off") to a mental health staff person at their first VA visit, but treatment planning is sometimes difficult, given the short amount of time allotted, and ambivalence on the part of the Veteran. Motivational Interviewing, toward interest in returning for more psychoeducation and activation toward change, is a recommended modality for this reason. Several sessions for such may be required, and may take place in PC-MHI.

At least 50% of patients seen by a mental health practitioner in Primary Care settings will only be seen once. Patient-centered, focused and targeted work may be the most enduring, with the most lasting effects. For the purposes of overall well-being and good health, self-management of symptoms is strongly encouraged within the VA's PACT model. The patient is meant to be the leader of the PACT [team].

The majority of clinical interventions are short-term, solution-focused, and cognitive-behavioral in nature. There will be an emphasis on using motivational interviewing to enhance patient-led activation. When appropriate, the Intern will utilize empirically validated or evidence-based treatments. Should the Intern show interest, CBT for chronic pain will be taught and utilized, with supervision by the PC-MHI psychologist. Acceptance and Commitment Therapy is also a theoretical orientation which is utilized in our PC-MHI setting.

Assessment

The PC-MHI Intern will learn how to triage presenting Veterans, and help determine disposition at the conclusion of assessment. Developing good clinical judgment is paramount in the PC-MHI rotation, and includes assessment of patient needs and effective matching with a patient's level of willingness for treatment. The use of screens, including the VA's Clinical Reminders, are incorporated into evaluation of all biopsychosocial factors affecting patient health outcomes and functioning. Determination of the presence and acuity of PTSD, along with other mental health diagnoses, will take place in PC-MHI, and reliable screens will be utilized. The Clinician-administered PTSD Scale, or "CAPS," will also be utilized for assessment.

Consultation

The function of consultation is a daily one for psychologists PC-MHI. The Intern will gain skills in effective interdisciplinary consultation and collaboration within the framework of Primary Care, first through shadowing the PC-MHI Psychologist, PC-MHI RN, and PC-MHI APRN. Curb-side

consultation takes place frequently, as do more formal consultation contexts. The focus may be on cases, but in addition, cultivation of a mutual understanding and knowledge across disciplines is important. There are many opportunities to informally educate Primary Care staff, including Health Technicians, RNs, MDs, PAs, and clerks on mental health issues, and vice versa. As a member of the PACT teams, the Intern will have opportunity for consultation daily.

The Pain Clinic, composed of an MD, Clinical Pharmacist, Physical Therapist, Social Worker, and PC-MHI Psychologist, is a forum for formal consultation, and takes place weekly, with an additional weekly planning meeting. Health Promotion and Disease Prevention committee meetings are another location where informal consultation may take place, along with programs for specific health issues (ie. diabetes). Attending an additional committee such as the Women's Health Committee may be an additional opportunity for the Intern.

Supervision

The Intern will meet weekly with PC-MHI supervisors for 2 total hours of protected one-on-one supervision, likely to be divided equally by time and not cases. Your supervisors will be Emily Britton, PsyD, PC-MHI Psychologist, and Henry Rivera, PsyD, Program Manager for Outpatient Mental Health Services. Supervision time will include discussion of measures for improvement of the Intern's skills. Supervision time will also focus on professional issues related to the role that PC-MHI psychologists hold within interdisciplinary medical teams.

Areas of Work

1. PC-MHI consultation, assessment, and brief therapy.
2. Pain Clinic (weekly, Monday mornings from 8:15 to 11:45am and Fridays from 8:15 to 9am) is composed of an MD, Clinical Pharmacist, Physical Therapist, Social Worker, and PC-MHI Psychologist. The Intern will be expected to attend the clinic and meetings, and by the end of the rotation, be well-verse in acting as psychology consultant in a Simultaneous Interview method.
3. Pain School (weekly on Tuesdays, 1pm) is a group-based psychoeducation treatment program which runs for 8 weeks, repeating throughout the year. The class facilitators are Emily Britton and William Cutler, MD. Invited speakers include a Clinical Pharmacist, a Physical Therapist, an RN with a specialty in alternative treatments, and a certified yoga and meditation provider. Acceptance and Commitment Therapy is the orientation upon which the psychological portion of the class is based. The Intern will be expected to co-facilitate the multi-disciplinary Pain School with the PC-MHI Psychologist. Documentation on the curriculum and status of the group will be the intern's responsibility at some point over the course of the rotation.
4. Pain School Support Group (weekly on Tuesdays, 11am) is the "after care" opportunity which graduates of Pain School may take part in. It is chiefly a support group, with an ACT orientation. The Intern may co-facilitate Pain School Support Group, and may elect to facilitate in the PC-MHI Psychologist's absence. Documentation on the curriculum and status of the group will be the intern's responsibility at some point over the course of the rotation.
5. Health Promotion Disease Prevention committee (monthly, 4th Monday) offers an opportunity for the PC-MHI Intern to accompany the PC-MHI Psychologist in her role as a participant in multi-disciplinary setting. At these meetings, facility- and VA-wide efforts to promote healthy living are discussed. This is an opportunity for the PC-MHI Intern to learn about how such efforts are

developed or managed in a system such as the VA. Opportunities for consultation on program development also arise.

6. PACT huddles (daily): The Primary Care teams meet daily to discuss patients for the day, next day, or next week. This will be an opportunity for Interns to learn about the needs for care in primary care patients, and receive direct referrals.

7. At least one round of *MOVE!* (8 weeks): This class is run by Dr. Mark Schneider and other Leeds staff. It is a well-developed program, VA-wide, and has seen good results for patients desiring to lose weight or maintain a healthy weight. Shadowing or co-facilitating one series will be a valuable opportunity for Interns to learn methods which may be incorporated in to individual meetings in PC-MHI.

8. Individual Tobacco Cessation treatment: The intern may deliver a standardized protocol for tobacco cessation.

9. Program evaluation of PC-MHI or the Northampton pain treatment program: An Intern with interest in data analysis may seek this opportunity. Both PC-MHI and pain treatment in the VA are important areas of attention within the VA, currently. An opportunity to add to the analysis of these programs is available. Data has also been collected from Pain School

Education

Readings will match the emphasis on MI, CBT, and ACT in Primary Care.

The Intern will be encouraged to attend relevant didactic opportunities available throughout VA Central Western Mass, the UMass/Worcester Medical Center, VA-wide online presentations, seminars, and local workshops as available. Monthly VA-wide PC-MHI calls are another learning opportunity.

References

Dahl, J. & Lundgren, T. (2006). *Living beyond your pain: Using Acceptance and Commitment Therapy to ease chronic pain*. Oakland, CA: New Harbinger Publications, Inc.

Robinson, P. J., Gould, D. A., & Strosahl, K. D. (2010). *Real behavior change in primary care: Improving patient outcomes & increasing job satisfaction*. Oakland, CA: New Harbinger Publications, Inc. Select chapters, including *Introduction; How People Get Stuck; Doc, This Pain Is Killing Me*.

Murphy, R. T. (2008). Enhancing combat Veteran's motivation to change posttraumatic stress disorder symptoms and other problem behaviors. In H. Arkowitz, H. A. Westra, W. R. Miller, & S. Rollnick (Eds.), *Motivational interviewing in the treatment of psychological problems* (pp. 57-84). The Guilford Press: New York.

Select chapters from:

Wagner, C. C., & Ingersoll, K. S. (2012). *Motivational interviewing in groups: Applications of motivational interviewing*.

YouTube videos on chronic pain:

<http://www.youtube.com/watch?v=4b8oB757DKc>

From UCSF <http://www.youtube.com/watch?v=gQS0tdIbJ0w>

Lorimer Mosely: https://www.youtube.com/watch?v=5p6sbi_0ILc

Mindfulness and Acceptance in Behavioral Medicine book. Chronic pain chapter.

McKellar, J., Murphy, J., & Darchuk, K. (2013). *CBT for pain*. Unpublished presentation, CBT for Chronic Pain National VA training initiative. May, 2013, Albany, NY.

Britton, E. P. (2013). *ACT for chronic pain*. Unpublished presentation. Psychology internship didactic. November 2013, Northampton, MA.

SPECIALIZED INPATIENT PTSD UNIT (SIPU)

The intern on this Northampton/Leeds campus rotation works closely with Dr. Cornelius to offer services to Veterans who require treatment for war-zone related PTSD, utilizing the group format almost exclusively. Veterans in this inpatient PTSD program are placed initially in a cohort group that is put through six weeks of intensive treatment focusing on trauma-related problems of living. Upon completion, Veterans are given the opportunity to return for additional episodes of intensive treatment that typically last three weeks, and which build upon skills acquired during the initial stay.

The program offers extensive training in group psychotherapy for PTSD. Interns can expect to facilitate and co-facilitate therapy groups, work as part of a multidisciplinary team, perform risk assessments, develop safety plans and individualized treatment plans, and assist Veterans in developing a plan for discharge.

Assessment

Interns learn to conduct clinical interviews which gather pertinent diagnostic information as well as information pertaining to overall psychosocial functioning. Interns learn to identify comorbid factors that may impact treatment and which may need to be targeted for intervention as well. Additionally, interns learn to detect psychological processes that are contributing to trauma-related problems in living (e.g., experiential avoidance, cognitive fusion, excessive attachment to a conceptualized sense of self). Required assessment instruments include a biopsychosocial assessment, PCL, BDI-II, OASIS, the AAQ2, and the Valued Living Worksheet.

Psychotherapy

The inpatient PTSD program places a premium on experiential learning in the context of a safe and supportive setting. Acceptance and Commitment Therapy (ACT) forms the foundation of the program, and is delivered primarily as a group intervention. Interns gain experience running large ACT groups (16-24 members) that follow a more structured class-like format, and running smaller “breakout” groups (8 members) utilizing the ACT model of psychological flexibility. Interns also gain experience leading extended mindfulness meditations, and facilitating discussions afterwards that model, instigate, and support mindful awareness and acceptance of the present moment.

Consultation

As members of the Inpatient PTSD treatment team, interns will consult regularly with other VACWM programs, such as Inpatient Psychiatry, the outpatient Mental Health Clinic, the Intensive Outpatient Substance Abuse Program, and also the local Veteran’s Center.

Recommended Reading

Batten, S., Orsillo, S., & Walser, R. (2005). Acceptance and mindfulness-based approaches to the treatment of posttraumatic stress disorder. In S.M. Orsilla & L. Roemer (Eds.), *Acceptance and*

Mindfulness-Based Approaches to Anxiety: Conceptualization and Treatment (pp. 241-269). New York: Plenum.

Fontana, A., & Rosenheck, R. (1998). Effects of compensation-seeking on treatment outcomes among Veterans with posttraumatic stress disorder. *Journal of Nervous and Mental Disease*, 186, 223-230.

Hayes, S., Strosahl, K., and Wilson, K., (2011). Acceptance and Commitment Therapy, Second Edition: The Process and Practice of Mindful Change. Guilford Press: New York.

Orsillo, S., & Batten, S. (2005). Acceptance and Commitment Therapy in the treatment of posttraumatic stress disorder. *Behavior Modification*, 29 (1), 95-129.

Segal, Z., Williams, J.M., & Teasdale, J. (2002) Mindfulness-Based Cognitive Therapy for Depression: A New Approach to Preventing Relapse. Guilford Press: New York.

Segal, Z., Teasdale, J., & Williams, M. (2004) Mindfulness-Based Cognitive Therapy: Theoretical Rationale and Empirical Status. In S. Hayes, V. Follette, and M. Linehan (Eds.), *Mindfulness and Acceptance: Expanding the Cognitive Behavioral Tradition* (pp. 45-65). Guilford Press: New York.

Walser, R. D. & Hayes, (2006). Acceptance and Commitment Therapy in the treatment of posttraumatic stress disorder. In V. M. Follette & J. I. Ruzek (Eds.), *Cognitive Behavioral Therapies Trauma* (pp. 146-172). Guilford Press: New York.

SUBSTANCE USE DISORDERS CLINIC (SUD-C)

The SUD Clinic at the Northampton/Leeds campus includes a 21-day Intensive Outpatient Program as well as after-care groups that target specific problems and utilize different treatment modalities. The intern on this rotation works closely with Drs. Joyce and Rivera to offer services to Veterans who have substance use disorders, including Veterans who have co-occurring disorders. This is a flexible rotation due to the availability of diverse training experiences. The intern gains experience in Motivational Interviewing (MI), Cognitive Behavioral Therapy, comprehensive assessments, treatment plan development, individual- and group psychotherapy, and case management. During the initial orientation phase, the intern observes groups focusing on recovery issues and becomes familiar with the biopsychosocial model of addictions. Depending on interests and training needs, the intern can develop a host of skills and knowledge central to the provision of treatment to this population. This is an interdisciplinary team setting with staff from several disciplines: Psychology, Social Work, Nursing, and Peer Support. The intake interview is followed by treatment planning with the multidisciplinary team. In addition to clinical needs, there is an emphasis on wellness and recovery planning. The SUD-C follows a Stages of Change model and utilizes Motivational Interviewing (MI) to move Veterans through the stages of change. Exposure to diverse populations is one of the key features of the SUD-C that distinguishes it from many other treatment settings. Many of the Veterans in the SUD-C are homeless and unemployed and reside at a homeless shelter on the grounds of the VA. Others reside on a Non-Acute Inpatient unit while they attend our 21-day intensive program. Another portion of the clinic's population is living in the community.

Assessment

Interns will learn to conduct biopsychosocial intake evaluations. As part of that process, they will fine-tune their assessment skills in order to diagnose DSM-5 conditions and to identify key predispositions and habits that are relevant to treatment and recovery. Interns will learn to conduct a thorough substance use disorder assessment as well as techniques for integrating ongoing assessment

with the treatment of SUDs and co-occurring disorders. Interns will also use the Alcohol and Drug Feedback Tool (AFT) to help facilitate discussions around goals and changes the Veterans are willing to make. Interns will also learn to conduct PTSD assessment utilizing the Clinician Administered PTSD Scale (CAPS).

Group and Individual Psychotherapy

Interns choose from a variety of groups to facilitate, including Symptom Management, Anger Management, and Relapse Prevention. Groups are evidence-based and draw from different treatment modalities including Mindfulness, Cognitive Behavioral Therapy (CBT), Acceptance and Commitment Therapy (ACT), Motivational Enhancement Therapy (MET), and Seeking Safety (treatment of co-occurring PTSD and SUD).

Individual therapy cases are varied and interventions can be brief or more prolonged. Interns may receive supervision in Contingency Management, Motivational Enhancement Therapy (MET), individual Seeking Safety, and CBT. Interns may also receive supervision in the treatment of a disorder or condition in the context of a SUD. This may include the treatment of pain, trauma, depression, insomnia, and other mood and anxiety disorders.

Consultation

Interns will have opportunities to consult with several VA Central Western Massachusetts Healthcare System clinics, most notably the outpatient Mental Health Clinic and Inpatient units, as well as the five Community-based Outpatient clinics, Vocational Rehabilitation program, the Springfield Vet Center, community halfway houses, and other VA Medical Centers to whom we regularly refer patients (Newington, West Haven, Bedford, Brockton, Jamaica Plain).

Ancillary Rotations (Northampton/Leeds Campus only)

Interns will be assigned an ancillary training experience for the entire 12 months, taking their preferences and training needs into account. The ancillary supervisor will provide clinical supervision for individual cases with specific emphasis according to the supervisor's area of clinical expertise. The ancillary rotation will consist of five-and-a-half (5.5) hours per week, with fluid scheduling, depending on the primary and ancillary rotations and Veterans' availability. Interns will meet with all supervisors offering ancillary rotations during orientation and rank their preferences for ancillary rotations. The Training Directors make the final decision on ancillary rotation assignments, after considering the training needs of all interns, supervisor availability, and the major rotations selected by interns during the orientation period. During Orientation, Interns will complete an initial self-evaluation of their strengths and targeted areas for growth during their internship training year, which will also inform ancillary assignments.

1. *Cognitive Processing Therapy – Supervised by Katherine Putnam, PhD*

Cognitive Processing Theory (CPT) is an evidence-based manualized treatment protocol for post-traumatic stress disorder (PTSD) which is offered by the VHA as a first-line, trauma-focused, treatment. It explores the impact of trauma on one's self and one's belief structure with the themes of safety, trust, power/control, esteem, and intimacy. The therapy is largely based on cognitive theory and Piaget's developmental learning theory. The CPT ancillary will consist of group supervision that will be for 1 or 1.5 hour(s), depending on the size of the group. If needed, individual supervision can be used to complement that work. Additionally, if a student attends the VA training, s/he will receive an additional 1 hour consultation per week. This may sound heavy on supervision, but we have found that interns really use that supervision time. Interns will start with two cases as this is, most likely, a new therapy for them. After that, they will carry 3-4 cases. The population will be outpatients with PTSD who may present with comorbid diagnoses of mood, anxiety, or substance abuse disorders.

2. *Prolonged Exposure Therapy – Supervised by Jennifer Joyce, PsyD*

Interns choosing this ancillary will participate in a live didactic as well as an online training to learn the fundamentals of Prolonged Exposure Therapy (PE). PE is a time-limited, evidence-based psychotherapy for PTSD consisting of weekly, 90-minute sessions for approximately 10-15 weeks. Supervision will be weekly for a minimum of one hour and will be individual and/or group. Supervision will cover: discussing the theory underlying PE, learning the protocol, role-playing various components of each session, case conceptualization, learning nuances of the treatment approach, finding your voice as a trauma therapist, and self-care. The intern will be responsible for participating in didactic activities, reading the treatment manual and other assigned articles, participating in supervision activities, and reviewing tapes of selected sessions. Each session will be recorded and reviewed by supervisor. Intern will be assigned a minimum of two Veterans to begin treatment based on intern preference of trauma type, gender, war-era, as well as demand.

3. *Assessment – Supervised by Diana Fitek, PhD and Brad Brummett, PhD*

This approximately 6-hours per week, 12-month rotation provides assessment experience in a number of clinical settings, allowing interns to obtain a unique array of training experiences. While the specific clinical settings vary, the underlying goal and training emphasis remains

consistent. In each setting, interns will be involved in clinical interviewing, test administration, scoring, report writing, providing patient feedback, and consultation and collaboration with the interdisciplinary team. A training goal will be to complete at least 2 assessments. However, because students in different graduate programs have vastly different levels of training and experience in testing, basic skills in testing are assessed at the beginning of the rotation. Interns who require further training and/or experience to establish these basic skills are provided with testing assignments designed to develop these skills. If basic testing skills are already established at the beginning of the internship year, the assessment rotation takes the form of more advanced testing experiences working toward increasing levels of independence. Interns will participate in at least 1 hour of weekly supervision with additional time provided as needed for observation and didactic instruction.

Compensation and Pension Service: Interns serve as consultants and provide examinations as part of the Compensation and Pension Service at VA Central Western Massachusetts Healthcare System. Requests for examinations are received from Veterans Benefits Administration (VBA) Regional Offices throughout the country. Exam requests involve DSM-V diagnostic assessment for PTSD and other mental disorders for Veterans who have filed mental health disability claims. This may include administering various screening measures, Clinician-Administered PTSD Scale for DSM-5 (CAPS-5), symptom validity scales and other psychological tests. Examiners conduct clinical interviews and thoroughly review VA medical records and claims files. Reports are then written and submitted to the Regional Office, providing accurate diagnoses and offering medical opinions and rationale regarding possible service connection.

Community Living Center (CLC): Consults are submitted by various members of the interdisciplinary treatment team, including the social worker, physician or nurse practitioner. Referral questions can involve brief assessments of mood, cognition, behaviors or decisional capacity. Assessments are completed through clinical interview, discussion with staff, and brief measures such as the Montreal Cognitive Assessment (MOCA), Geriatric Depression Scale (GDS), and Neuropsychological Assessment Battery ([NAB] judgment and auditory comprehension subtests).

Neuropsychology Service: Testing consults are submitted by MHC providers. To address these referral questions, these psychodiagnostic assessments will lead to meaningful DSM-5-based differential diagnoses and recommendations for treatment planning. Structured and semi-structured interviews may be utilized, such as the Structured Clinical Interview for DSM Disorders (SCID) and Clinician-Administered PTSD Scale for DSM-5 (CAPS-5). Interns may also administer and interpret objective and subjective personality tests, including the Minnesota Multiphasic Personality Inventory-2-Revised Form (MMPI-2-RF), Millon Clinical Multiaxial Inventory-III (MCMI-III), Personality Assessment Inventory (PAI), Rorschach Inkblot Test (Exner's Comprehensive System), and Thematic Apperception Test (TAT).



Worcester CBOC
VA Central Western Massachusetts Healthcare System

WORCESTER INTER-PROFESSIONAL TEAM (WIT)

MATCH NUMBER: 133512

The intern on this rotation works closely with Drs. Rubin, Hatgis, and Chick. The goal of the WIT Rotation is to produce mental health trainees with expertise in assessment and evidence-based interventions, which will enable them to address the physical and psychological needs of Veterans in a holistic and patient-centered manner. In their comprehensive review of post-deployment health concerns for Veterans, Spelman et al. (2011) recommend that in addition to screening for depression/suicidality and PTSD, particular attention be paid to assessing sleep disturbance, chronic pain, and substance abuse in this population. Trainees in our program will complete general mental health training requirements by developing a case load of psychotherapy clients with diverse demographics and diagnoses, assessing and treating PTSD (with both individual and group psychotherapy), depression, and suicidality, as part of an interdisciplinary mental health team consisting of Psychology, Nursing, Social Work and Psychiatry. In addition, trainees will develop specialized mental health skills through didactic and experiential training in the following specialty areas: **behavioral sleep medicine, pain management and substance use disorders, and Home-Based Primary Care**. Interns will also have an opportunity to work with the MOVE nutrition and weight management program.

To foster skills in interdisciplinary collaboration, the psychology intern will have the opportunity to train with the **MH Advance Access Triage Team** which includes nursing and psychiatric medication prescribers, and to make joint presentations of these cases in weekly MHU team meetings. Interns will also be able to train in the provision of **Behavioral Health in Primary Care** by training with the clinic psychologist assigned to the Primary Care Team, providing brief intervention to veterans referred via “warm hand-off” by their primary care providers and consultation to those providers.

Psychology interns may also have the opportunity to gain experience in the provision of supervision and consultation with other trainees and clinic staff.

Training Site

Due to its large size and physical remoteness from other VA facilities, the Worcester CBOC (WCBOC) functions largely as a free-standing community health clinic, striving to meet the diverse medical and mental health needs of all Veterans in the Worcester and surrounding areas. The 50 + clinical providers comprising Primary Care, Mental Health, Pharmacy and Medical Specialty Care work together as a close-knit community to provide cohesive, patient-centered care. The WCBOC has a long history of prioritizing training across medical and mental health disciplines, having served as a training site for medical and psychiatric residents, social work interns, nursing students, and psychology trainees for many years (continuously training psychology interns from 1988 to date). Trainees at the WCBOC will benefit from the presence of the Patient Aligned Care Team (PACT), Home-Based Primary Care (HBPC), and MOVE weight management programs, in addition to innovative behavioral health programs that integrate medical and mental health needs in sleep disorders, pain management, and substance use.

Sleep Disorders Program: Sleep plays a core role in maintaining physical, cognitive, and emotional health. Sleep disruption has been implicated in the development or maintenance of PTSD, substance abuse, and depressive disorders. Providing effective interventions for sleep disorders is of particular importance in Veteran populations. Sleep disturbances have been described as the “hallmark” of PTSD, are highly correlated with Traumatic Brain Injury, and predictive of suicidality (Ribeiro et al., 2011). The WCBOC Sleep Disorders Program was established to provide assessment, interdisciplinary consultation and referrals, and treatment to Veterans with presenting complaints of sleep disturbance. Frequent presenting issues are severe, chronic insomnia and nightmares secondary to PTSD, sleep disturbance related to psychiatric disorders (anxiety, depression), sleep-disordered breathing, chronic pain, and substance disorders.

Pain and Substance Use Disorders Program: The pain management component of the internship training experience will provide training in interdisciplinary management of chronic pain, especially as it dovetails with overlapping issues of substance use disorders and related diseases, such as Hepatitis C and HIV/AIDS. This specialized type of treatment is tailored for a general outpatient MH setting by carefully coordinating care between members of the MHU team and Primary Care, and incorporating specialties such as neurology when applicable. Behavioral mental health treatment is delivered in group and individual modalities, with targeted case management and interdisciplinary team interventions as needed. An interdisciplinary team meeting occurs weekly. The psychologist's function on the team is to provide Veterans with skills training and psychotherapy to optimize management of pain and medical issues, while preventing relapse to substance abuse issues.

Home-Based Primary Care Program (HBPC): With continued advances in medical technology and with Baby Boomer's reaching retirement age, mental health providers are needed to provide psychiatric and behavioral medicine services to a rapidly expanding geriatric population. The HBPC program provides comprehensive, primary care services at home to a largely geriatric population of homebound Veterans with complex, disabling diseases such as heart disease, diabetes, COPD, dementia, and cancer. A goal of the program is to maximize independence and reduce hospital and nursing home admissions for patients (including those in more rural settings) within a 30 mile radius of Worcester and Fitchburg. The treatment team consisting of nursing, dietary, social work, pharmacy, and psychology staff members meets weekly to review patients, problem-solve treatment challenges, and coordinate services. The HBPC psychologist is uniquely positioned to provide mental

health care to an underserved and at-risk population and to function as a liaison and consultant to team members, physicians, Veterans and their families/support systems.

MOVE Program: Veterans frequently present with multiple medical, psychological and physical challenges, which in combination with the high occurrence of poly-pharmacy, result in obesity that is directly correlated with a higher incidence of diabetes, hypertension and hyperlipidemia. MOVE is a national weight management program that emphasizes health and wellness through nutrition and physical activity. Interns may co-lead the MOVE group with the clinic nutritionist, Ms. Burchman (under the supervision of Dr. Rubin).

Trainees will receive direct supervision by the psychologist with specific expertise and clinical contact with the population in each of the specialty training areas, ensuring continuity of care for the Veterans. In addition to didactics and material presented in supervision and weekly MHU staff meetings, trainees will attend didactic seminars presented by WCBOC staff to enhance training in each of the specialty areas.

Learning Objectives for Psychology Interns

Interns will receive comprehensive training as psychologists with additional skills focused on each of the specialty areas. Interns will carry a case load of individual and group psychotherapy patients that will include Veterans from each specialty population. Learning objectives include:

Assessment: perform comprehensive (general) interview-based mental health assessment and diagnosis, conduct diagnostic assessment for PTSD (CAPS training available), structured screenings for psychological and lifestyle factors specific to sleep disturbance, pain and substance abuse phenomenology and management, and conduct mental status exams and brief cognitive screening with HBPC Veterans to assess functional abilities and limitations;

Psychotherapy: provide evidence-based interventions for PTSD, insomnia, pain management and substance abuse, including Cognitive Processing Therapy, Cognitive Behavioral Therapy for Insomnia (CBT-I), relaxation training, Imagery Rehearsal Therapy (IRT), Exposure, Relaxation and Rescripting Therapy (ERRT) for trauma nightmares, Seeking Safety, Acceptance and Commitment Therapy (ACT), Relapse Prevention, Cognitive Behavior Therapy for Chronic Pain, mindfulness meditation, and short-term and supportive psychotherapy services to HBPC patients and their families; Motivational Interviewing (MI) to actively engage Veterans in shared decision-making about setting goals for behavioral change in areas such as sleep, pain management, substance use, weight management, and other lifestyle choices.

Consultation: provision of consultation occurs in a variety of clinical contexts, including completion of formal consults by providing behavioral sleep assessments, consultation with team members and other clinic staff related to pain management, HBPC, and PACT.

Performance Improvement: participate in ongoing individual and program outcomes evaluation using validated performance measures including the Insomnia Severity Index (ISI), PTSD Checklist, Pain Self-Efficacy Questionnaire (Nicholas, 2007).

References

Nicholas, M. K. (2007). The Pain Self-Efficacy Questionnaire: Taking pain into account. *European Journal of Pain*, 11(2), 153-163.

Reiss, S., Peterson, R. A., Gursky, D. M., McNally R. J. (1986). Anxiety sensitivity, anxiety frequency and the prediction of fearfulness. *Behaviour, Research, and Theory*, 24(1): 1-8.

Ribeiro, J. D., Pease, J. L., Gutierrez, P. M., Silva, C., Bernert, R. A., Rudd, D., & Joiner, Jr., T. E. (2011). Sleep problems outperform depression and hopelessness as cross-sectional and longitudinal predictors of suicide ideation and behavior in young adults in the military. *Journal of Affective Disorders*, 136(3), 743-750.

Spelman, J. F., Hunt, S. C., Seal, K. H., & Burgo-Black, A. L. (2012). Post deployment care for returning combat Veterans. *Journal of General Internal Medicine*, 27(9). doi: 10.1007/s11606-012-2061-1

Supervision and Didactic Training

Individual Supervision

The Clinical Psychology Internship is designed to offer each student the opportunity to receive individual supervision from a variety of licensed psychologists with different clinical expertise, theoretical orientations, and stylistic approaches. Students will receive at least two hours of individual supervision on each rotation throughout the training year. Additionally, interns will receive one hour of individual supervision from their Long Term Supervision Experience supervisor each week. This commitment to the development of clinical knowledge and experience affords each student the opportunity to work closely with at least six licensed psychologists during their internship, and often many more. While the focus of individual supervision varies on different rotations, all students will receive feedback and consultation with regard to the direct patient care they provide. Supervision may involve conjoint treatment sessions, audio recordings, role-playing, and review of process notes. Our training program strongly holds the belief that improvement in clinical skills occurs through the provision of direct supervisory feedback. Therefore, students are highly encouraged to seek additional opportunities for coaching from their supervisors. In addition to improving the quality of therapeutic services provided to Veterans, we consider supervision to work most effectively when interns feel safe, supported, and challenged intellectually to develop their own independent professional identity and voice as a therapist.

Long-Term Supervision Experience

Interns will select a long-term supervisor with whom they will collaborate for the entire 12 months. This supervisor will provide clinical supervision for three long-term individual cases with specific emphasis according to the supervisor's area of clinical expertise. Four hours every Friday will be devoted to this long-term therapeutic experience, with the times being fluid depending on the rotation and scheduling of Veterans. Interns will meet with all supervisors offering a long-term supervision experience during orientation and rank their preferences with whom they wish to work. The Training Directors make the final decision on these assignments after considering the training needs of all interns, supervisor availability, and the major rotations selected by interns during the orientation period.

Long Term Group Experience

As a component to receiving year-long Group Supervision, interns will be expected to co-facilitate psychotherapy groups on every rotation. Additionally, interns will be assigned an intern co-facilitator to develop and maintain a long-term, outpatient psychotherapy group. They will be trained in the theory and practice of group psychotherapy. They will be expected to recruit Veterans and maintain a sufficient caseload to substantiate the experience throughout the training year. Interns will receive supervision and peer consultation from each other in weekly Group Supervision facilitated by Drs. Schneider and Hatgis. The intern training at the Worcester CBOC will be given time on Wednesdays to co-facilitate their group with a fellow intern. Flexibility will exist for other interns' groups to be conducted on different days and times depending on intern schedule, patient and room availability.

Case Presentations

Formal case presentations provide an opportunity for interns and psychologists to openly share and reexamine their clinical work in a supportive, inquisitive, collegial environment. Interns and psychologists are encouraged to present cases which highlight specific clinical questions and interventions, and/or which provide participants an opportunity to explore the influence of culture and other aspects of diversity. Case presentations also provide presenters an opportunity to organize their thoughts/hypotheses about a particular case, and to practice presenting these in a formal manner to colleagues. Interns typically present multiple cases (at least three) throughout the course of the training year. Presentations are expected to be informed by relevant and current literature.

Didactic Seminars

Interns attend weekly didactic seminars which cover a range of clinical topics deemed to be central to the practice of psychology within a VA Medical Center. The didactic series is comprised of psychological assessment seminars, psychotherapy seminars, and specialty seminars which address specific areas of clinical interest, such as ethics, and risk assessment, to name a few. Didactic seminars are scheduled in such a way that interns are provided essential seminars (e.g., ethics, risk assessment, initial interviewing, human diversity) early in the training year. Interns are also expected to develop and present a didactic seminar drawing from current literature on a clinical topic of their interest.

Program Evaluation

Interns are expected to complete and present a formal program evaluation/quality improvement study related to an assessment or treatment program. This may include a pre-post evaluation of an empirically-supported treatment as applied to group psychotherapy, or an "n of one" evaluation of an individual case, with multiple measures applied at pre-, mid-, and post-intervention. Examples of previous evaluations by interns are clinical efficacy of CPT; outcome evaluation of ACT protocol on PTSD unit; using the Acceptance and Action Questionnaire; evaluation of intern responses of didactic seminars; evaluation of Mood Monitor Implementation on Acute Inpatient Unit; outcome evaluation of ACT-based anger group; program evaluation of PTSD Unit's Family Day; and evaluation of how to improve outreach efforts to Veterans through the OEF-OIF-OND program.

Intern Resources

Shared office space has been allocated for interns to conduct psychotherapy with Veterans in the outpatient Mental Health Clinic and for each rotation. Additionally, interns share a common administrative office for the purpose of completing documentation and other administrative

responsibilities. Each intern has their own telephone, computer, computer access codes, email account, and access to on-line services. VA relies on a computer-based electronic medical record, and during Orientation the interns receive training on the basics of this system. Technical support remains readily available throughout the year should they encounter problems or have questions. Strong emphasis is placed upon the careful use and transmission of electronic information. The VA hospital system allows the interns to access a national telephone conferencing system. They have access to live teleconferences. They are encouraged to use the on-line medical library, which is interconnected to a vast array of local colleges, universities, hospitals and national data systems. VA and national health care bodies publish monthly newsletters and bulletins and these are made available to the interns. Our librarian is always willing to obtain articles and to assist in literature searches for interns (and other employees).

With respect to psychological testing materials and supplies, the program has VA and commercially-available products to facilitate scoring and interpretation of standard psychological and neuropsychological measures, and to help students learn to utilize these tools in their assessment work. The VA has a large base of computer-administered psychological tests.

Administrative Policies and Procedures

Due Process: General Guidelines

Due process ensures that decisions about interns are not arbitrary or personally based. It requires that the Training Program identify specific evaluative procedures, which are applied to all trainees, and provide appropriate appeal procedures available to the intern. All steps need to be appropriately documented and implemented. General due process guidelines include: 1. During the orientation period interns are presented, in writing, the program's expectations related to professional functioning and discussing these expectations in both group and individual settings; 2. Stipulating the procedures for evaluation, including when and how evaluations will be conducted; 3. Articulating the various procedures and actions involved in making decisions regarding impairment; 4. Communicating, early and often, with graduate programs about any suspected difficulties with interns and when necessary, seeking input from these academic programs about how to address such difficulties; 5. Instituting, when appropriate, a remediation plan for identified inadequacies, including a time frame for expected remediation and consequences of not rectifying the inadequacies; 6. Providing a written procedure to the intern, which describes how the intern may appeal the program's action; 7. Ensuring that interns have sufficient time to respond to any action taken by the program; 8. Using input from multiple professional sources when making decisions or recommendations regarding the intern's performance, and; 9. Documenting, in writing and to all relevant parties, the actions taken by the program and its rationale.

Policy with Regard to Self-Disclosure

Our program strongly encourages interns to explore with their supervisors personal reactions that may arise in the course of providing psychological services. Interns are expected to be willing to identify and describe these reactions and to consider ways of understanding and using them to further the therapeutic process. Interns are not expected to disclose beyond their descriptions of reactions that have arisen in the course of therapeutic encounters.

End-of-Year Evaluation

The interns will be asked to complete an End-of-Year survey at the conclusion of the training program. This evaluation is about the program as a whole (versus specific rotations). Graduate surveys are sent to graduates of our training program so that they have opportunities to provide feedback with regard to how well the program has prepared them for work as professional psychologists.

Training Staff

The Training Committee is comprised of licensed doctoral-level psychologists and post-doctoral psychology staff not yet licensed. All members of the Training Committee were trained in APA-approved programs themselves. A brief description of each psychologist's educational history and professional interests follows:

Emily Britton, PsyD, Staff Psychologist, Rotation Supervisor, Primary Care Mental Health Integration (PC-MHI) Program

Dr. Britton joined the psychology staff at the VA Central Western Massachusetts Healthcare System in 2008, after completing her predoctoral internship here. She received her PsyD from The Wright Institute in Berkeley, California, where she gained three years of experience working with acute, dual diagnosis, and geriatric patients at a community psychiatric hospital in Berkeley. Her research and community-based clinical work was focused on anxiety disorders, Asperger's Disorder, ADHD, and family therapy. She has been trained in Acceptance and Commitment Therapy (ACT), Motivational Interviewing, and Problem Solving Training. She conducts diagnostic screening, PTSD assessment, and brief therapy services in PC-MHI, consulting with programs throughout the hospital to assist in treatment planning for Veterans requiring intensive treatment. She was previously the psychologist for VACWM's interdisciplinary Pain Clinic, assisting in its development toward its current form. She is a therapist with the Employee Assistance Program, and is a Green Belt LEAN-trained facilitator for internal projects, currently for the facility's FY2015 Strategic Planning's Population Health committee.

Jennifer L. Brown, PhD, Health Psychologist, Rotation Supervisor

Dr. Brown earned her doctoral degree from the University of Florida's Department of Clinical and Health Psychology in 2005, completing her internship training in health psychology with a minor in neuropsychology through the VA Connecticut Healthcare System's West Haven Campus. Her postdoctoral training occurred at Hartford Hospital, within both the Department of Preventive Cardiology and Psychology Testing Service. Dr. Brown joined the VACWM in August 2007 as Intake Coordinator for the Primary Mental Health Clinic before working in the Home Based Primary Care program for six years beginning in 2009. In her current position as psychologist for the Pain Clinic, Dr. Brown participates in multidisciplinary pain evaluations utilizing a simultaneous interview technique, sometimes leading the team interview. She also oversees the "Pain School" program and provides both individual and group Cognitive Behavioral Therapy for Chronic Pain. Dr. Brown is also a member of the Pain Management Oversight Committee and the Point of Contact for pain at the VISN level. Her other responsibilities include providing individual psychotherapy, conducting pre-surgical evaluations (e.g., bariatric surgery), and serving as Didactic Coordinator for the

internship program. Dr. Brown's treatment approach combines psychoeducation, motivational interviewing, and cognitive behavioral techniques.

Brad Brummett, PhD, Co-Director of Training, Neuropsychology Service Coordinator, Compensation & Pension Service Mental Health Lead

Dr. Brummett completed his clinical psychology PhD in 2007 at Fordham University in Bronx, New York, with training in neuropsychology, substance abuse treatment, multicultural issues, and Schema Therapy. While completing his degree, he spent a year providing counseling services at a methadone clinic in the heart of San Francisco, and he lived overseas. Dr. Brummett completed a 2-year, clinical neuropsychology postdoc from 2007-9 and was employed as a staff neuropsychologist at Kaiser Foundation Rehabilitation Center from 2009-11 before moving back East to Massachusetts. Prior to joining our medical facility, he worked at VA Boston Healthcare System as a clinical neuropsychologist and as a research scientist with the Translational Research Center for Traumatic Brain Injury and Stress Disorders (TRACTS). Dr. Brummett was also a clinician with MedOptions, Inc. providing behavioral consultation and counseling services for Veterans at Holyoke Soldiers' Home. He was the consulting psychologist for our facility's community living center (nursing care unit) from 2012-2015, where he provided psychotherapy, behavioral consultation, and neuropsychological assessment. Dr. Brummett maintains research interests in the areas of disability examinations, neurotherapy, substance abuse, and traumatic brain injury. He provides clinical services for the Neuropsychology Service, TBI/Polytrauma Team, and Compensation & Pension Service. Dr. Brummett co-supervises for the Assessment Ancillary rotation with Dr. Fitek.

Lorraine Cavallaro, PhD, Manager of the Mental Health Unit, Staff Psychologist, Worcester CBOC

Dr. Cavallaro received her degree in Clinical Psychology from the University of Maine and she completed her predoctoral internship in the VA Connecticut Healthcare System, VAMC West Haven. She has published in the areas of non-verbal communication and emotional expression in schizophrenia. Her interests are currently focused on non-verbal learning disorders, particularly along the Autism Spectrum. Clinically, Dr. Cavallaro is interested in the integration and application of both psychodynamic and cognitive behavioral interventions. Her primary clinical duties within the WOPC MHU include Triage and Clinical Consultation with the Primary Care Teams and Subspecialties.

David Chick, PhD, Home-Based Primary Care Psychologist--Worcester CBOC, Rotation Supervisor

Dr. Chick received his degree in Clinical Psychology from the University of Southern Mississippi and did his internship at the Bay Pines VA in Florida. Following training he remained at the VA as the Coordinator of the Domiciliary-based Substance Abuse Treatment Program (SATP) and later worked at Bayfront Medical Center, a Level II trauma center, providing the full-range of psychological services to medical rehab patients and their families. Dr. Chick has also maintained a private psychotherapy practice throughout his career, including 15 years as a full-time outpatient practitioner. In a world of specialization, Dr. Chick proudly describes himself as generalist, able to provide services across the life-span from adolescence to the elderly, in individual and couples' formats. As a supervisor he brings a broad range of inpatient and outpatient experience, work in substance abuse, medical psychology, and home-based care practiced from an integrated, but predominantly empirically based cognitive-behavioral, theoretical treatment framework. Dr. Chick

is also trained in Interpersonal Therapy for Depression (IPT) and in Cognitive Processing Therapy (CPT).

Allison Cook, PhD, Staff Psychologist

Dr. Cook did her undergraduate work at Tufts University and received her PhD from the Clinical Psychology Graduate Program at the University of Massachusetts in Amherst in 1980. While she has had a small private practice, her focus has been on community mental health. Among many other roles, Dr. Cook has been responsible for oversight of community mental health clinics for all ages. She has been intensively trained in DBT, and has also had a particular interest in integrated treatment of SUDs and comorbid mental health difficulties. Dr. Cook was recently one of two principle investigators for a Federal HRSA Grant supporting training in dual diagnosis issues. She joined the VA staff this past June, and has been enjoying the opportunity to re-focus on her primary interest in quality clinical work.

Scott Cornelius, PsyD, Staff Psychologist, Rotation Supervisor

A graduate of the Illinois School of Professional Psychology-Chicago, Dr. Cornelius worked for six years as a psychologist in community mental health in Colorado and Southeast Alaska. In 2005, Dr. Cornelius accepted a position as a civilian psychologist with the United States Department of Defense and was stationed in Vilseck, Germany, where he worked with military personnel involved in the Global War on Terror (GWOT). In 2006, he joined the psychology staff at the VACWM, with a specific focus on the treatment of Posttraumatic Stress Disorder. In 2007 he stepped into his current position as the psychologist on the Specialized Inpatient PTSD Unit, where he treats Veterans who are suffering from war zone-related PTSD.

Dr. Cornelius utilizes a mindfulness and acceptance based approach to behavioral treatment and has been a National Consultant for the VA Acceptance and Commitment Therapy for Depression rollout since 2010. He provides trainings in ACT around the Northeast. In addition to ACT, Dr. Cornelius utilizes Prolonged Exposure and is a certified teacher of Integrative Restoration (iRest) Yoga Nidra. iRest is research-based transformative practice of deep relaxation and self-inquiry that has been identified as a Tier 1 Complementary and Alternative Medicine approach to the treatment of PTSD by the Department of Defense. Dr. Cornelius is also a certified yoga instructor who is interested in the application of yoga, mindfulness and iRest to the treatment of PTSD and other problems of living.

Ronald Delamater, PhD, Staff Psychologist, Rotation Supervisor

Dr. Delamater received his PhD in clinical psychology from Ohio University in 1986 after having completed his internship at the Palo Alto VAMC. He was a staff psychologist at the Palo Alto VA from 1986-1998, at which time he joined the staff at the VACWM. While at the Palo Alto VA, Dr. Delamater worked for nine years in inpatient psychiatry, including three years as a ward chief, followed by three years in an outpatient mental health clinic. He currently works full-time in the outpatient Mental Health Clinic at the VACWM, providing individual, couples and group psychotherapy. His clinical approaches include psychodynamic, interpersonal and cognitive-behavioral techniques. His clinical and research interests focus on the process of individual and group psychotherapy, person perception and the supervision experience.

Diana J. Fitek, PhD, Staff Psychologist, Compensation & Pension Service, Community Living Center (CLC) Consultant

Dr. Fitek earned her degree in Clinical Psychology from George Mason University in 2011. During her training, she gained experience providing assessment, individual and group therapy for outpatient veterans at the Substance Abuse Rehabilitation Program (SARP) of the VAMC Washington, D.C. She completed her internship at Springfield Hospital Center in Sykesville, Md., a Maryland state psychiatric hospital. While there, she developed her skills providing comprehensive assessment, individual and group therapy for severely and persistently mentally ill patients. She also performed forensic assessments for patients' competence to stand trial, criminal responsibility, and privilege level. Dr. Fitek's dissertation examined factors that promoted or inhibited help-seeking for substance use disorders among jail inmates with a history of substance abuse. While finishing her dissertation, Dr. Fitek completed advanced clinical training at Sheppard Pratt Hospital's Trauma Disorders Program and worked as a consultant for Military OneSource and the Wounded Warrior Resource Center. After graduation, she held a post-doctoral fellowship at the Uniformed Services University of the Health Sciences Department of Medical and Clinical Psychology. She also worked as a portfolio manager for the Military Operational Medicine Research Program in the areas of suicide, violence and substance abuse prevention. Upon licensure, she worked as a clinician for MedOptions, Inc., a private company offering behavioral consultation and counseling services at multiple long-term care facilities. She joined the staff of VACWM in November 2013.

Heather Frechette, PsyD, Staff Psychologist, Springfield CBOC, Rotation Supervisor

Dr. Frechette completed her graduate training in clinical psychology at the Chicago School of Professional Psychology where she received training in Systems Theory and its application in individual, group, and family therapy. Her final practicum placement was with the Jesse Brown VA in Chicago where she worked in outpatient mental health and the Psychosocial Rehabilitation and Recovery Center for Veterans with severe mental illness. Her continued interest in working with Veterans led to her internship with the VACWM, completed in August 2012. She then joined the Mental Health team at the Springfield Community-Based Outpatient Clinic, first as a post doc trainee and then as a staff psychologist. In this role, she completes outpatient therapy using an ACT-informed approach, Prolonged Exposure with Veterans diagnosed with PTSD, and CBT for Insomnia in both individual and group formats. She also facilitates a women's support group as well as a group for Veterans who served during the First Persian Gulf War. She currently serves as a co-supervisor to interns placed at the Springfield CBOC health psychology rotation, and she leads the Multicultural Competence Subcommittee in developing training experiences for interns.

Christina Hatgis, PhD, Co-Director of Training, Staff Psychologist, Rotation Supervisor--Pain Management and Substance Use Disorders, Practicum Training Coordinator Worcester CBOC

Dr. Hatgis completed her PhD at Clark University in 2006, internship at the Boston VA Consortium in 2005, and post-doctoral fellowship at Brown University / Providence VAMC in 2007, focusing on PTSD, substance abuse disorders, and HIV/AIDS assessment, treatment and prevention. She developed the ongoing Practicum Training Program at the Worcester CBOC and has supervised interns and practicum students at the Worcester CBOC since 2009. Dr. Hatgis provides assessment, individual, and group psychotherapy for depression, anxiety, substance abuse, chronic pain management, and PTSD, along with offering consultative services such as triage/risk assessment. She

is trained in empirically-based therapies for PTSD, mood disorders, substance abuse, and chronic pain disorders, including CPT, PE, CBT, ACT, and MI. She is certified in ACT and PE. Dr. Hatgis is currently involved in research to develop a screen for direct and indirect self-harm, with a colleague from the Boston VA Healthcare System. Dr. Hatgis is an Affiliate Assistant Professor and Part-time Instructor at the Clark University Clinical Psychology Graduate Program.

Jennifer Joyce, PsyD, Staff Psychologist, Rotation Supervisor

Dr. Joyce joined the psychology staff as the PTSD/SUD psychologist in January 2009. She received her degree in clinical psychology from the University of Hartford in Connecticut, where she primarily gained academic and clinical experience providing Cognitive-Behavioral therapy for anxiety disorders and substance use disorders in outpatient and inpatient settings. Her dissertation focused on the subjective experience of individuals with obsessive-compulsive disorder. Her work with World Trade Center and Hurricane Katrina survivors contributed to her growing interest in the treatment of PTSD and trauma-related issues. Dr. Joyce works with the inpatient and outpatient PTSD programs and the Substance Use Disorders Program to ensure integrated treatment and continuity of care. She is dedicated to the dissemination of Evidence-Based Psychotherapies and serves as the facility's local Evidence-Based Psychotherapy Coordinator and a National VA consultant for Prolonged Exposure Therapy for PTSD. She is a supervisor for the Substance Use Disorder Clinic and for the Prolonged Exposure Therapy ancillary.

Michelle Mattison, PsyD, Staff Psychologist, Rotation Supervisor

Dr. Mattison obtained her doctorate degree from the California School of Professional Psychology - Alameda in 1999 and her undergraduate degree from Smith College in 1989. Her dissertation research was on ego development in female characters in best-selling fiction. She returned to this area to complete her predoctoral internship at this VA, where she trained in the Substance abuse IOP as well as health psychology. Dr. Mattison was then hired as a staff psychologist for the acute and step-down inpatient units. She also provided Mental Health services for the Nursing Home Care Unit. She served as Training Director from 2002-2006. Dr. Mattison continues to be the Acute Inpatient Psychologist and is also the EAP coordinator for this VA. Motivational Interviewing and Seeking Safety are the primary therapies she provides, as well as risk assessments. In addition to working with severe and persistently mentally ill, she is interested in psychological assessment; geriatric, and health psychology; cultural diversity; and suicide risk assessment. She is a supervisor for Inpatient Psychiatry rotation.

Jeffrey McCarthy, PsyD, Supervisory Psychologist, Program Manager for CBOCs

Dr. McCarthy is the Program Manager for Outpatient Mental Health Services provided at the five Community Based Outpatient Clinics (CBOCs) of the VACWM. He also provides clinical services in the Mental Health Clinic at the Springfield CBOC including individual and group psychotherapy, as well as psychological and neuropsychological assessment services. He is an intern supervisor for the Health Psychology rotation (Springfield CBOC). He previously worked as the psychologist on the TBI/Polytrauma team, and has provided numerous lectures in a number of venues in the local area on the subject matter. He has been actively involved on the OEF/OIF Interdisciplinary Team tasked with improving the integration of Mental Health and Primary Care. He received his doctoral degree in Clinical Psychology in 2004 from the Adler School of Professional Psychology in Chicago, while

also completing a specialty in Neuropsychological Assessment. He completed his internship training at the VACWM, and a portion of his postdoctoral training in the Psychosocial Rehabilitation Fellowship program at the West Haven VAMC. He then worked for almost two years at Neuro-Psychology Associates of Western Massachusetts evaluating and treating patients with various neurological conditions, including traumatic head injuries, progressive dementing disorders, and neurobehavioral disorders, before returning to the VACWM.

Rebecca Noll, PhD, Staff Psychologist, Local Recovery Coordinator

Dr. Noll received her PhD from Wayne State University in 1982. She was a staff psychologist at Rehabilitation Institute and a clinical treatment coordinator at Michigan Osteopathic Medical Center in Detroit prior to her employment as a Staff Psychologist in the Mental Health Clinic at Allen Park VA (now Detroit VA) from 1985-1989. Dr. Noll worked at Battle Creek VA from 1989-2007. She was a Staff Psychologist on inpatient psychiatric units from 1989-1991. Subsequently, she held administrative positions (1991-2007) including that of Chief, Psychology Service from 2002-2007. She joined the staff at VACWM in July 2007 as the facility Local Recovery Coordinator. Her clinical work at VACWM is with Veterans with Serious Mental Illness (SMI), e.g. Schizophrenia, Bipolar Disorder, and Major Depressive Disorder. She currently provides clinical services at Springfield CBOC on Fridays and at VACWM Mental Health Clinic on Mondays. Her orientation to psychotherapy is cognitive-behavioral.

Katherine Putnam, PhD, PTSD Specialist, Smoking Cessation Lead Clinician, Rotation Supervision

Dr. Putnam earned her PhD in 1996 from Stony Brook University. She completed her Internship in 1996 at Tufts University School of Medicine/Boston Department of Veterans Affairs Psychology Internship Consortium. She completed two postdoctoral fellowships, one in Neuroscience at the Long Island Jewish University Hospital in New York. Her second post-doc was in Emotion and Affective Neuroscience, funded by the National Institute of Mental Health, at a joint training program in Emotion with the University of Wisconsin at Madison and the University of California at Berkeley. At the University of Wisconsin, she worked with Dr. Richard Davidson, a world-renowned scholar in the fields of brain functioning and emotion, depression, and meditation, at the Laboratory of Affective Neuroscience. During and after her postdoctoral training, she submitted and received 3 grants from the National Alliance for Research on Schizophrenia and Depression as well as a Young Investigator Award from the Borderline Personality Disorder Research Foundation. She remained at the University of Wisconsin as an Assistant Research Scientist and an Assistant Clinical Professor in Psychiatry until 2003. At that point, she joined the staff of the National Center for PTSD at the Behavioral Sciences Division at the Boston VA. Dr. Putnam was appointed as an Assistant Professor of Psychiatry as well as Behavioral Neuroscience at the Boston University School of Medicine. There, she continued her work on the neural and psychophysiological substrates of emotion regulation in psychopathology. At the Boston VA, she was active in the clinic by treating PTSD as well as supervising students in individual and group treatments of PTSD. At both Boston University and the University of Wisconsin, she mentored over 15 students as they pursued academic careers in clinical psychology. She joined the staff of the Madison VA in 2003 as the PTSD/Substance Use Disorder (SUD) Specialist. There, she developed a number of programs that remain in existence. These include a canine training program for Veterans with the PTSD, a mindfulness-based relapse prevention program, a dual-disorder clinic for Veterans with PTSD/SUD, and a young Veteran reintegration

group. With the mental health clinic, she wrote and submitted a grant for a Psychology Internship program. This was awarded to the hospital, and Dr. Putnam was the Training Director for the program. She has been trained in Dialectical Behavior Therapy, Acceptance and Commitment Therapy, Cognitive Processing Therapy, and Cognitive-Behavioral Therapy. She primarily conducts evidence-based therapy with an emphasis on behavioral therapy and mindfulness.

Henry Rivera, PsyD, Program Manager for Outpatient Mental Health

Dr. Rivera was awarded his PsyD in 2004 by the University of Hartford. Prior to joining our staff, he managed the Substance Use Treatment Program at the Carson Center for Adults and Families, a community mental health center in Westfield, MA, where he also completed his predoctoral internship. Since then, he has also worked at Noble Hospital's Partial Hospitalization Program in Westfield, as a clinical supervisor for the Mental Health Counseling graduate program at Westfield State College, and at his former private psychotherapy practice in Westfield. He was Director of the Substance Use Disorders Clinic at our Northampton Campus from 2008-2012 where he trained clinicians in Motivational Interviewing, conceptualizing cases using the Stages of Change Model, and in providing Solution-Focused Brief Therapy. He also has training and experience with Dialectical Behavior Therapy, treating domestic violence offenders, and Client-Directed Outcome-Informed (CDOI) therapy and supervision.

Miriam L. Rubin, PhD, CBSM, Staff Psychologist, Rotation Supervisor, Sleep Disorders and MOVE Programs, Worcester CBOC

Dr. Rubin received her PhD in Clinical Psychology from the University of Missouri-Columbia. Dr. Rubin has served as primary supervisor to pre-doctoral psychology interns since 2005 at the WBOC. She provides diagnostic assessment, individual and group psychotherapy to the diverse population of Veterans served by the WOPC. Dr. Rubin is certified in Behavioral Sleep medicine (CBSM) and has completed VA certification training in CBT-I, in addition to receiving VA training in CPT, EMDR, and Seeking Safety. She has trained students in the provision of empirically based diagnostic assessments and CBT-oriented psychotherapy including behavioral health programs such as smoking cessation, stress management, and weight management. Dr. Rubin's interest in sleep disruption related to psychological trauma led her to establish the Sleep Disorder Program at WOPC, which offers evidence-based treatment of insomnia and nightmares, including CBT-I, IRT and ERRT. Her research interests include behavioral and pharmacological treatment of trauma-related sleep disturbances, and she is currently the PI of an IRB-approved VA study examining factors impacting adherence to Prazosin for sleep disturbance in combat veterans with PTSD. She developed the Managing Anger Program, a series of workshops that combine psycho-educational and experiential techniques. She has provided staff trainings in anger management and the prevention of violence in clinical settings, including PMDB. She is a member of the American Psychological Association and the Society of Behavioral Sleep Medicine (SBSM), and serves on the SBSM Membership Committee.

Mark Schneider, PhD, Primary Care Psychologist, Rotation Supervisor

Dr. Schneider graduated from Loyola University of Chicago in 2000. Prior to joining our staff, he served as coordinator for the Psychosocial Rehabilitation and Recovery Center and Compensated Work Therapy programs at the Jesse Brown VA Medical Center in Chicago, Illinois. In addition to his prior VA experience treating Veterans with serious mental illness, Dr. Schneider's clinical interests

include health psychology, consultation and liaison with primary care, group/family psychotherapy, and supervision of psychology and medical students. He formerly served as a staff psychologist, consultant to specialty clinics, and Director of Clinical Training in the Mount Sinai Hospital Medical Center in Chicago for several years. This community mental health program located in a hospital setting specialized in the treatment of abused and neglected children and their families. Dr. Schneider serves as a co-supervisor on the Health Promotion and Disease Prevention primary rotation, group therapy supervisor, and a long-term individual supervisor for outpatient therapy. Dr. Schneider's clinical approach is integrative, incorporating elements of psychodynamic theory and Motivational Interviewing techniques within a recovery-oriented framework.

Trainees

Doctoral Programs of Recent Interns

- Adler School of Professional Psychology – Chicago
- Alliant International University/California School Of Professional Psychology – San Diego, Alameda, Los Angeles
- Antioch/New England Graduate School
- Argosy University-Atlanta
- Boston College
- Chicago School Of Professional Psychology
- Fielding Graduate University
- Florida Institute of Technology
- Idaho State University
- Illinois School of Professional Psychology
- Lehigh University
- Massachusetts School of Professional Psychology
- Michigan State
- Minnesota School of Professional Psychology
- Nova Southeastern University
- Pacific Graduate School of Psychology
- Pacific University
- Pepperdine University
- Roosevelt University
- Rutgers University
- State University of New York – Albany
- Suffolk University
- University of Albany
- University of Denver
- University of Hartford
- University of Indianapolis
- University of Maine
- University of Massachusetts
- University of Memphis
- University of Missouri – St. Louis

- University of Montana
- University of Rhode Island
- University of South Dakota
- University of Tennessee
- University of Vermont
- University of Virginia
- University of Wisconsin – Madison
- Virginia Consortium
- Wright Institute
- Yeshiva University

Placements of Recent Interns

- Austin Riggs, Stockton, MA
- Bay State Hospital, Springfield, MA
- Behavior Therapy and Psychotherapy Center, University of Vermont, Burlington, VT
- Boston College Counseling Center (Postdoc), Boston, MA
- Brown University (Postdoc), Providence, RI
- Career Development Center of SUNY at Albany, Albany, NY
- Child Guidance Clinic, Springfield, MA
- Cutchin's Institute, Northampton, MA
- Fletcher Allen Health Care, Burlington, VT
- Institute of Living, Hartford, CT
- Little Rock VAMC, Little Rock, AR
- Lumberg Elementary School, Lakewood, CO
- Menninger Clinic (Postdoc), Topeka, KS
- MultiCare Health System/Good Samaritan Hospital, Puyallup, WA
- Neuropsychology Associates of Western Massachusetts, Springfield, MA
- Pain Clinic, Portland, OR
- ServiceNet Inc., Northampton, MA
- Tarzana Treatment Center, Tarzana, CA
- The Weight Center, MA General Hospital, Boston, MA
- University of New Haven Counseling Center, West Haven, CT
- University of Rochester's Mt. Hope Family Center, Rochester, NY
- VA Bedford Medical Center (Postdoc), Bedford, MA
- VA Boise Medical Center (Postdoc), Boise, ID
- VA Central Western Massachusetts Healthcare System, Northampton, MA
- *We have proudly hired multiple interns as full-time staff
- VA Houston, Michael E. DeBakey Medical Center (Postdoc), Houston, TX
- VA Milwaukee Medical Center (Postdoc), Milwaukee, WI
- VA North Texas Healthcare System (Postdoc), Dallas, TX
- VA San Francisco Healthcare System, San Francisco, CA
- VA Togus Medical Center (Postdoc), Togus, ME
- VA West Haven Medical Center (Postdoc), West Haven, CT
- Wayne County Behavioral Health Network, Rochester, NY

Local Information

About Western Massachusetts

Situated on park-like grounds in the center of the five-college area of Western Massachusetts and the foothills of the Berkshire Mountains, the VA Medical Center in Northampton stands on 105 acres of “Old Bear Hill” and has 26 buildings in red brick colonial style. The greater Northampton area consists of several small towns with big city offerings. Although a city of approximately 28,000 in population, the Northampton area contains many rural features and large public parks.

Northampton has been rated as the most politically liberal medium-size city (population 25,000–99,000) in the United States^[14] (based on U.S. Census demographics, election returns, and other criteria). The city has a high proportion of residents who identify as gay and lesbian,^{[15][16]} a high number of same-sex households,^[17] and is a popular destination for the [LGBTQ](#) community.^{[18][19]} Northampton has the most lesbian couples per capita of any city in the U.S.^[61]

Western Massachusetts also boasts a superb mix of arts and culture, from theater and art galleries to museums, historic homes and world-class arts, including dance and fine crafts. One of several famous former residents was [Sojourner Truth](#), who once called the Florence area of Northampton home. There are also several homes in the area that were part of the Underground Railroad. We’re also a neighbor to the charming towns that are home to The Five Colleges Consortium, which are some of the leading colleges in the nation: University of Massachusetts at Amherst, Amherst, Smith, Hampshire, and Mount Holyoke Colleges. The local communities have a large college population and a bus system that regularly connects with each of the colleges in the area. Our region has an amazing range of activities like snowboarding, skiing, biking, hiking, mountain climbing, rafting, canoeing and golfing. The unique and warm culture, matched with our remarkable setting, makes Western Mass a great place to live and work. In addition, the greater Springfield area is approximately 25 minutes away and offers major city events, Civic Center performances, and professional sports. Boston is within 90 minutes from the Northampton area. New York City is approximately four hours away. Albany, New York is within two hour's drive. The Berkshires, with winter skiing and summer festivals of dance, art, and concert series is less than one hour away. Montreal, Canada, is a 4.5 hour drive.

Transportation

Air transportation by all major airlines is provided from Bradley International Airport, located near Hartford, Connecticut. Interstate highway Route 91 follows the Connecticut River from the airport to Northampton, a drive of approximately 45 minutes.

Housing

The presence of such a high college population makes the apartment rental vacancy rate very low throughout the year. Local realtors offer apartment finding services and the local colleges often post apartments to rent.

Recreational Facilities

Northampton is within easy driving distance of numerous lakes, streams, and rivers. Many mountain hiking trails are easily accessible, including the Appalachian Trail. Some of the best ski areas in the East are within a 100-mile radius. The Atlantic Coast is a two-hour drive away, offering visitors

opportunity for saltwater fishing, boating, and swimming. Several well-maintained and challenging golf courses are located in or near Northampton.

About Worcester

The WIT rotation takes place at the Worcester CBOC in New England's second largest city, centrally located within 60-90 minutes' drive to Boston, Amherst, Northampton, and Providence. Worcester is rich with intercultural diversity, with many ethnic festivals, markets, and food purveyors catering to its diverse population. Worcester boasts eleven area colleges and universities, including: UMASS Medical School, Clark University, the College of the Holy Cross, Worcester State University, Worcester Polytechnic Institute, Assumption College, Becker College, Anna Maria College, Massachusetts College of Pharmacy, Cummings School of Veterinary Medicine at Tufts University, and Quinsigamond Community College. The Worcester Art Museum, Tower Hill Botanic Gardens, and the Worcester Center for Crafts are among the city's treasured cultural institutions. A burgeoning LGBT community offers an annual Pride Celebration that is uniquely integrated within Worcester's historic Canal District neighborhood. For some quiet time, the Insight Meditation Society (IMS) in Barre, Mass., 30 minutes from Worcester, hosts internationally renown mindfulness instructors offering talks and retreats of any length. Hiking, skiing, lakes, and fishing areas, and rural agricultural towns with orchards and world famous antiques venues surround the city. With a vibrant arts and music scene, world-class performance spaces, such as the Hanover Theater and Mechanics Hall--known for its excellent acoustics, many small music venues across the city, and several annual music festivals, such as the nearby Lowell Folk Festival (the oldest free music festival in the US) there is, maybe, too much to do in one's leisure time.

Transportation

Air transportation by all major airlines is provided from Logan International Airport, located in Boston, Massachusetts. Interstate highway Route 90 connects Boston to Worcester, a drive of approximately 50 miles.

Housing

The presence of such a high college population makes the apartment rental vacancy rate very low throughout the year. Local realtors offer apartment finding services and the local colleges often post apartments to rent.